

CDC in Brazil



Staff

CDC office (physical presence)

0 U.S. Assignees

4 Locally Employed

At a Glance

Population: 204,519,398

Per capita income: \$15,900

Life expectancy at birth
women/men: 79/71 yrs

Infant mortality rate:
19/1000 live births

Source: Population Reference Bureau Fact Sheet, 2014

Top 10 Causes of Death

1. Low Back & Neck Pain 6%
2. Ischemic Heart Disease 6%
3. Cancer 4%
4. Diabetes 4%
5. Lower Respiratory Infections 3%
6. Diarrheal Disease 2%
7. Diabetes 2%
8. Interpersonal Violence 3%
9. Iron-deficiency anemia 2%
10. HIV/AIDS 2%

Source: GBD Compare
(<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2013

The Centers for Disease Control and Prevention (CDC) established an office in Brazil in 2003 to combat HIV/AIDS. CDC has since expanded to other health areas in Brazil and works closely with the Ministry of Health's (MoH's) Secretariat of Health Surveillance and other partners to maintain strong collaboration in program planning, monitoring and evaluation, strengthening epidemiologic surveillance, and building laboratory capacity. The office is located within the MoH in Brasília, a strategic location that provides better integration and coordination with MoH staff and better understanding of the goals and support needed. CDC's technical assistance model in Brazil focuses on technical collaboration with limited financial support. The CDC-Brazil office differs from other CDC country offices in that all staff are host country nationals, including the country director, and it's supported part-time by a deputy director working from CDC headquarters in Atlanta.

HIV/AIDS

HIV/AIDS activities are guided by a strategic plan signed by CDC-Brazil and the MoH's National AIDS Program (NAP) to implement evidence-based decision making. The plan is based on five pillars: capacity building in monitoring and evaluation, strengthening of monitoring systems, implementing evaluation studies, decentralizing monitoring and evaluation activities, and strengthening planning and management within NAP. A collaboration to build national workforce capacity has established a master's level monitoring and evaluation program with the Oswaldo Cruz Foundation, the premier public health institute in Brazil and part of the MoH structure. More than 50 students have graduated from the master's and certificate program. Other areas of work include surveillance of vulnerable populations, economic evaluations of HIV/AIDS program efforts, implementation of HIV prevention strategies, surveillance of antiretroviral adverse events, surveillance of mother-to-child transmission of HIV, the implementation of innovative laboratory technology, and "South-to-South" collaborations with Lusophone Africa.

Immunization

Through the Pan American Health Organization (PAHO), CDC provides scientific and programmatic expertise to meet national immunization goals and vaccine preventable disease initiatives for the elimination of measles, rubella, and congenital rubella syndrome, and to strengthen the national routine immunization program, including introducing new vaccines such as the rotavirus vaccine. Other areas of partnership include supporting the "South to South" collaboration with Lusophone Africa and Haiti for polio eradication, measles mortality reduction initiatives, and regional initiatives like the annual Vaccination Week of the Americas.



Malaria

After a steady increase in malaria among the countries of the Amazon Basin region, CDC, USAID, PAHO, and other partners developed and launched the Amazon Malaria Initiative in 2001. The initiative is focused on appropriate policies for disease treatment. CDC provides technical assistance and capacity development specifically for monitoring antimalarial drug resistance and insecticide resistance. This has been an ongoing project with funding from USAID and typically involves several technical assistance visits annually.

Field Epidemiology Training Program (FETP)

The Brazilian Field Epidemiology Training Program known as the “Programa de Treinamento em Epidemiologia Aplicada aos Serviços do Sistema Único de Saúde” (EPISUS) has been a CDC and MoH collaboration success story. EPISUS was created by the MoH in 2000 with support from CDC, the World Bank, and the CDC Foundation. In 2009 the program became autonomous and self-sustained under the MoH. EPISUS has trained more than 70 epidemiologists, conducted more than 200 outbreak investigations, and evaluated more than 90 surveillance systems. EPISUS is a well-regarded two-year program and a leading element of the MoH’s surveillance and emergency response structure. Through EPISUS and other collaborations CDC has assisted the MoH in improving its operational capability to verify deaths. CDC has also assisted in a pilot for an integrated surveillance strategy among the Ministries of Health, Environment, and Agriculture to strengthen monitoring animal diseases that may cause pandemics.

Influenza

CDC has had a cooperative agreement with the MoH since 2006 to strengthen influenza pandemic preparedness, laboratory capacity, and epidemiologic surveillance. CDC supports seasonal influenza vaccination through its partnership with PAHO and also provides technical assistance to the Instituto Butantan, a Sao Paulo State health institution, to support development of vaccines against novel influenza strains. Brazil has a robust influenza surveillance system with 57 surveillance sites supported by three national laboratories that provide CDC, in its role as a WHO Collaborating Center, with data and virus isolates that contribute to the biannual vaccine strain selection process. During the 2009 H1N1 pandemic Brazil was an important contributor of surveillance and clinical information to global partners, and now works with CDC to generate national estimates of influenza-associated mortality.

Impact in Brazil

CDC’s investment and scientific exchange with Brazil contributed to:

- Improved national data to monitor HIV infection and to focus prevention strategies based on scientific-evidence
- Enhanced disease outbreak investigation and control
- National physical exercise programs to decrease obesity and related chronic diseases
- Country ownership of evidence-based public health decision-making
- Strengthened capacity of Brazilians to improve public health in other developing countries.

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